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ABSTRACT

The report examines the need for an outreach program to alert families of low-income handicapped children (from birth through 18 years old) to assistance available under the Social Security Administration's Supplemental Security Income (SSI) program. In an introductory section, it is explained that unknown numbers of SSI-eligible children are not receiving benefits; and a model program to facilitate early identification, correct diagnosis, enrollment, and service delivery is proposed. Discussed in section 2 are feasibility issues related to alerting SSI-eligible children, using volunteers in a model outreach program, and evaluating the effectiveness of SSI operations. Presented in section 3 is a detailed description of the proposed demonstration project, including such design as initial organization, training staff coordinators and volunteers, preparing publicity materials, and project operations related to outreach, escort service and data collection. Sections 4 and 5 deal with criteria for recommending Atlanta, Georgia as a demonstration site and with staff and budgetary considerations. Included in the appendixes are lists of member agencies of the National Council of Organizations for Children and Youth and of persons interviewed concerning the demonstration project. (LH)

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A FEASIBILITY STUDY OF A DEMONSTRATION PROJECT TO ALERT SSI-ELIGIBLE CHILDREN AND TO STUDY THEIR EXPERIENCE WITH THE PROGRAM

Submitted to

Office of Child Development

Department of Health, Education and Welfare
Washington, D.C.

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National Council of Organizations for Children and Youth
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TABLE OF CONTENTS

SECTION		PAGE
SECTION 1	INTRODUCTION AND BACKGROUND	1-1
1.1	Project Background	1-1
1.2	Project Activities	1-2
1.2.1	Interviews	1-2
1.2.2	Research	1-2
1.2.3	Meetings	1-3
1.2.4	Approach	1-3
1.3	The Problem Being Addressed	1-5
1.3.1	Estimated Eligible Population	1-5
1.3.2	Linking Eligibles and Benefits	1-6
1.4	The Proposed Demonstration Project	1-10
1.5	The Expected Outcome	1-12
1.5.1	Increased Enrollment	1-12
1.5.2	A Model Program Design for Alerting SSI-Eligible Children	1-12
1.5.3	A Report on the Problems and Issues, Strengths and Weaknesses of SSI As It Relates to Children	1-13
1.5.4	A Report to SSA on Operational and Administrative Matters	1-13
SECTION 2	FEASIBILITY ISSUES	2-1
2.1	Alerting SSI-Eligible Children	
2.2	Use of Volunteers	2-6
2.3	Evaluation Study of SSI Operations	2-8
2.4	Summary of Feasibility Inquiry	2-8
SECTION 3	DEMONSTRATION PROJECT DESIGN	3-1
3.1	Project Overview	3-1
3.2	Organization and Planning	3-3
3.2.1	Establish liaison with SSA District Offices	3-3
3.2.2	Contact Public agencies	3-3
3.2.3	Contact private organizations	3-5
3.2.4	Central Planning Task Force	3-7
3.2.5	The Final Operational Plan	3-7
3.3	Preparation and Training	3-8
3.3.1	Awarding mini-grants	3-10
3.3.2	Preparation of materials	3-11
3.3.3	Training	3-12
3.4	Project Operations	3-12
3.4.1	Outreach Program	3-13
3.4.2	The publicity campaign	3-14
3.4.3	The escort service	3-15
3.4.4	Data collection	3-15
3.5	Evaluation and Final Report	3-16
3.6	Miscellaneous Notes	3-16

TABLE OF CONTENTS (Continued)

SECTION		PAGE
SECTION 4	THE DEMONSTRATION SITE	4-1
4.1	Change Factors	4-1
4.2	Criteria	4-2
4.3	Recommendation	4-2
SECTION 5	STAFF AND BUDGETARY CONSIDERATIONS	5-1
5.1	Personnel Costs	5-1
5.2	Volunteer Coordination and Expenses	5-2
5.3	Other Costs	5-3
5.4	Total Costs	5-4
APPENDIX A	OFFICERS AND MEMBERS OF THE BOARD OF DIRECTORS	A-1
APPENDIX B	EXTRACT OF THE MINUTES, NCOCY EXECUTIVE COMMITTEE MEETING JULY 15, 1974 (RESOLUTION)	B-1
APPENDIX C	PARTIAL LIST OF PERSONS INTERVIEWED OR ENGAGED IN MEETING CONCERNING THIS PROJECT	C-1
APPENDIX D	MEMBER ORGANIZATIONS OF NCOCY	D-1

SECTION I

INTRODUCTION AND BACKGROUND

1.1 PROJECT BACKGROUND

The Supplemental Security Income program (SSI) has been acclaimed as a significant legislative landmark. Its provisions offer new and important aid to handicapped people, old and young alike. It is clear, however, that substantial numbers of potentially eligible recipients have not yet applied for this assistance.

Earlier, the Administration on Aging funded a project to alert older Americans and adults in general to the existence of the program, but no special efforts have been directed to the identification of children who may be eligible under the Act. The Social Security Administration (SSA), already overburdened by the workload of conversion to SSI and the redetermination of eligibility, has undertaken a massive outreach program aimed at more than five million people on its Master Beneficiary Roster (MBR). Nevertheless, the numbers of children who have applied and been enrolled are far below even the most conservative estimates of the numbers of eligible persons eighteen and under.

This being the situation in June, 1974, six months after the program went into effect, the National Council of Organizations for Children and Youth, (NCOCY) submitted an unsolicited proposal to the Office of Child Development (OCD) Department of Health, Education and Welfare (D/HEW). The proposal was to

conduct a feasibility study of a demonstration project to alert SSI-eligible children and to study their experience with the program. A grant was awarded to NCOCY; the feasibility study was completed during July and August, 1974, and this report is the final product of this undertaking.

1.2 PROJECT ACTIVITIES

This sub-section reviews the activities of the project staff in conducting the feasibility study.

1.2.1 Interviews.

Building upon their previous exploratory work, NCOCY personnel conducted more than two dozen more or less formal interviews with officials of SSA, other D/HEW programs, affiliate organizations, and others expert in one or another aspect of the proposed demonstration. These interviews lasted from thirty minutes to two hours and generated a considerable volume of basic data on SSI operations and policies, the previous alert, the problems of disability determination among the very young, reaching the target population, and so on.

1.2.2 Research.

Basic materials, such as the Act and its Amendments, Congressional Hearings and Staff Reports, SSA documents and the like, were collected and studied. Research into U.S. Census statistics and other public and private studies and reports was conducted, e.g. Head Start's Second Annual Report to

Congress on its services to handicapped children, the National Foundation - March of Dimes' statistics on birth defects, the Federal Register, Rand Report R-1420-HEW, the final report of the American Red Cross on Project SSI-Alert, etc. Information found relevant to the study will be presented throughout this report where most appropriate.

1.2.3 Meetings.

The project consultant and the OCD grant monitor met with seven representatives of SSA at the outset of the project (on July 1, 1974), to discuss the implications for SSA operations and to air agency concerns. There were frequent meetings of the project staff to review findings, identify additional information requirements, assign tasks, etc. The NCOCY Executive Committee (See Appendix A) met and discussed the project, approving it in a formal resolution (See Appendix B). Regular contact was maintained with the grant monitor. The draft report was the subject of a review meeting at SSA and others in OCD. Feedback from the review of the draft report has been incorporated into this final report.

1.2.4. Approach.

In summary, the purpose of this project was to respond to the following questions:

- Is there a need for the proposed demonstration project? Is it true that there are substantial numbers of potentially eligible children who have not yet been enrolled in SSI for the benefits due them?

- Is it feasible to reach them with information about SSI? Can this be done without generating large numbers of ineligible applicants, thus frustrating them while also flooding SSA officers with a large volume of unproductive work?

- Is it possible to construct a network of volunteers to assist such applicants?

- What approach to project organization would be most sound and productive, at the lowest cost?

- In what sort of locality would it be best to conduct the demonstration?

- Can the demonstration be evaluated? Is it likely that its basic components can be replicated elsewhere?

- Will the proposed study produce data of interest to policy-makers and administrations of SSI and other agencies dealing with handicapped children?

NCOCY believes its study provides a positive and useful response to these questions. Subsequent sections of this report deal with the principal feasibility factors, a detailed project design and the demonstration site. This introduction continues with a presentation of the problem being addressed, a brief sketch of the proposed demonstration, and a statement outlining the expected outcome.

1.3 THE PROBLEM BEING ADDRESSED

It is apparently impossible to determine accurate statistics on the number of children who may be eligible for SSI by virtue of both means and disability. SSA has not published "official" estimates. The figure used most frequently by SSA personnel during the course of interviews with them was 200,000. Other sources cited 400,000 and even 500,000 or more. No one claimed statistical accuracy; these are no better than "guestimates." Nevertheless, it is both worthwhile and necessary to review some statistics.

1.3.1 Estimated Eligible Population.

The National Foundation and the American Academy of Pediatrics, drawing on various studies and sources, agree that 7% of all live births in America are of babies defective in one way or another. That's about 700 babies a day. These defects, which may not appear for months or years, account for a substantial part of the nation's disabled population. If there are, as estimated by D/HEW, 7,837,000 children in AFDC families and if 7% of them suffer birth defects, then one may conclude that more than half a million children may be eligible for SSI. Even if one estimates the half of this group would be ineligible under SSI disability and means requirements, the figure is still a substantial quarter of a million. When disabilities caused by accidents, diseases, and other sources are added to this number, one may conclude that the incidence of disabling handicaps is much higher than might be first expected.

SSA reports that 60,613 applications from children were submitted by June 30, 1974. About a fifth of these, 12,000, have actually been enrolled and are receiving SSI payments. No matter which figures one uses -- SSA's estimate of 200,000 eligibles or one of the higher numbers offered by others -- the discrepancy between the number enrolled and the number eligible is substantial. Of course, some part of that discrepancy may be attributed to the relative newness of the program; word has simply not gotten around yet. SSA's outreach efforts, which have reached literally hundreds if not thousands of national, state, and local organizations serving the handicapped, have resulted in the enrollment of only a small fraction of those covered by the program.

This is the problem addressed by the proposed alert; special efforts are necessary to accelerate the enrollment rate. And those efforts must be carefully focused on children who are both handicapped and poor.

1.3.2 Linking Eligibles and Benefits.

Granted the existence of a sizeable population of children eligible for SSI, the obstacles to finding and enrolling them are severe and persistent. Problems attend every stage in the process leading from identification to reception of treatment, services, and financial assistance. Each stage in that process manages to screen out people in need, thus reducing the numbers actually receiving assistance to a fraction of the original population.

The problem is conceptualized in Exhibit 1-1, following. The four principal factors are:

- Identification. Many handicaps simply go unrecognized until the child reaches school age; this is particularly true of mental retardation and perceptual problems. Parents struggling for economic survival are not likely to seek medical assistance when a child seems to be slow in developing, or excessively shy and introverted, or hyperactive and difficult, and so on. The health services system is not in communication with very young children, especially among the poor, and thus there are no routine opportunities to identify signs of trouble. Except in the more extreme cases, many disabling disorders are difficult to detect in the very young. The record shows that parents generally cannot be expected to recognize such problems. Therefore, identification persists as a major obstacle in the delivery of aid to the handicapped.

- Diagnosis. When most children of the poor do come before a doctor, it is usually because of a specific illness or injury -- occasions that tend to focus the doctor's attention rather narrowly. Abnormal behavior is easily attributed to the problem of the moment. Less specific parental inquiries are often discounted as anxieties of the uninformed. As a result, many handicapped children are not diagnosed, or they

CONCEPTUAL MODEL OF SCREENING OF THE HANDICAPPED

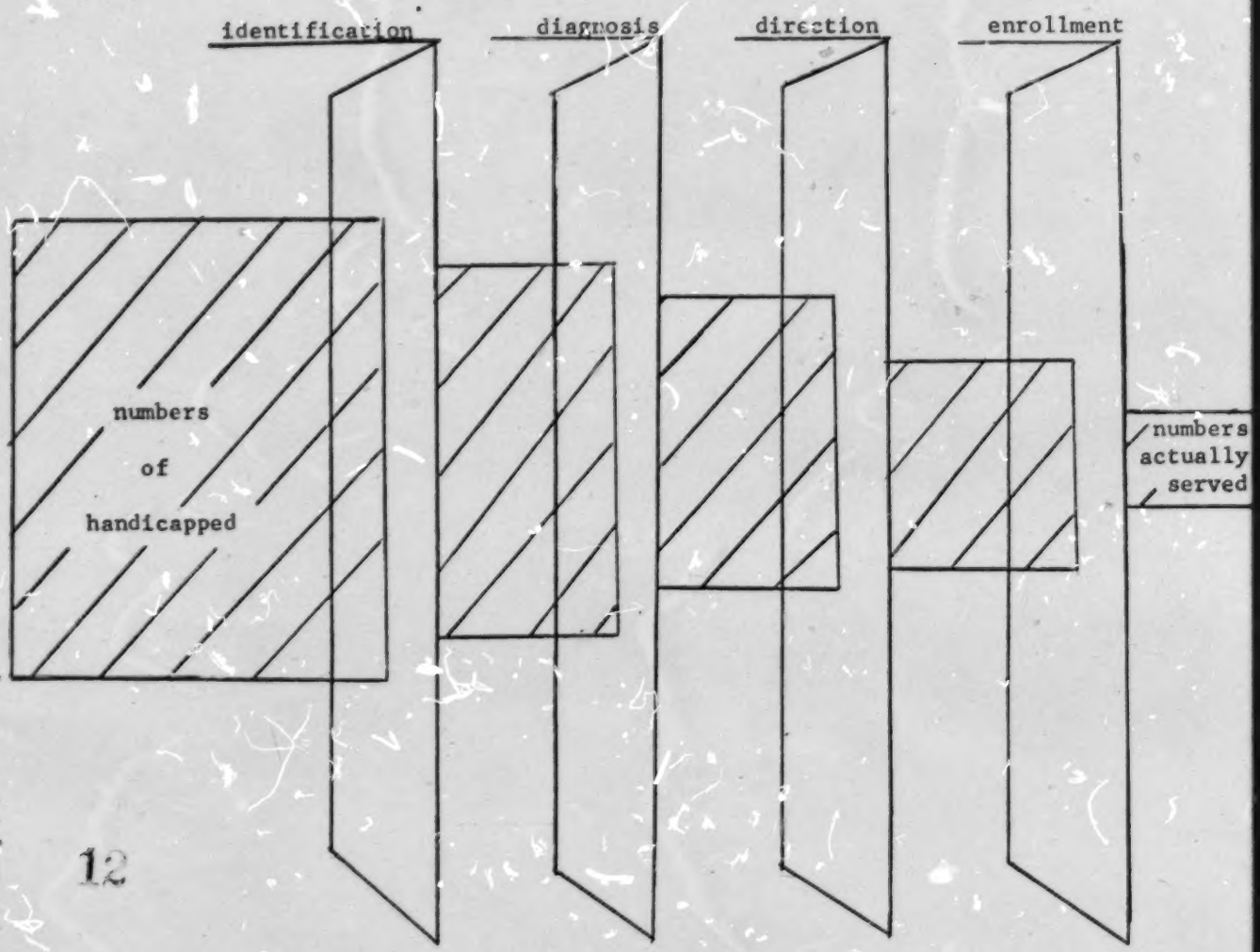
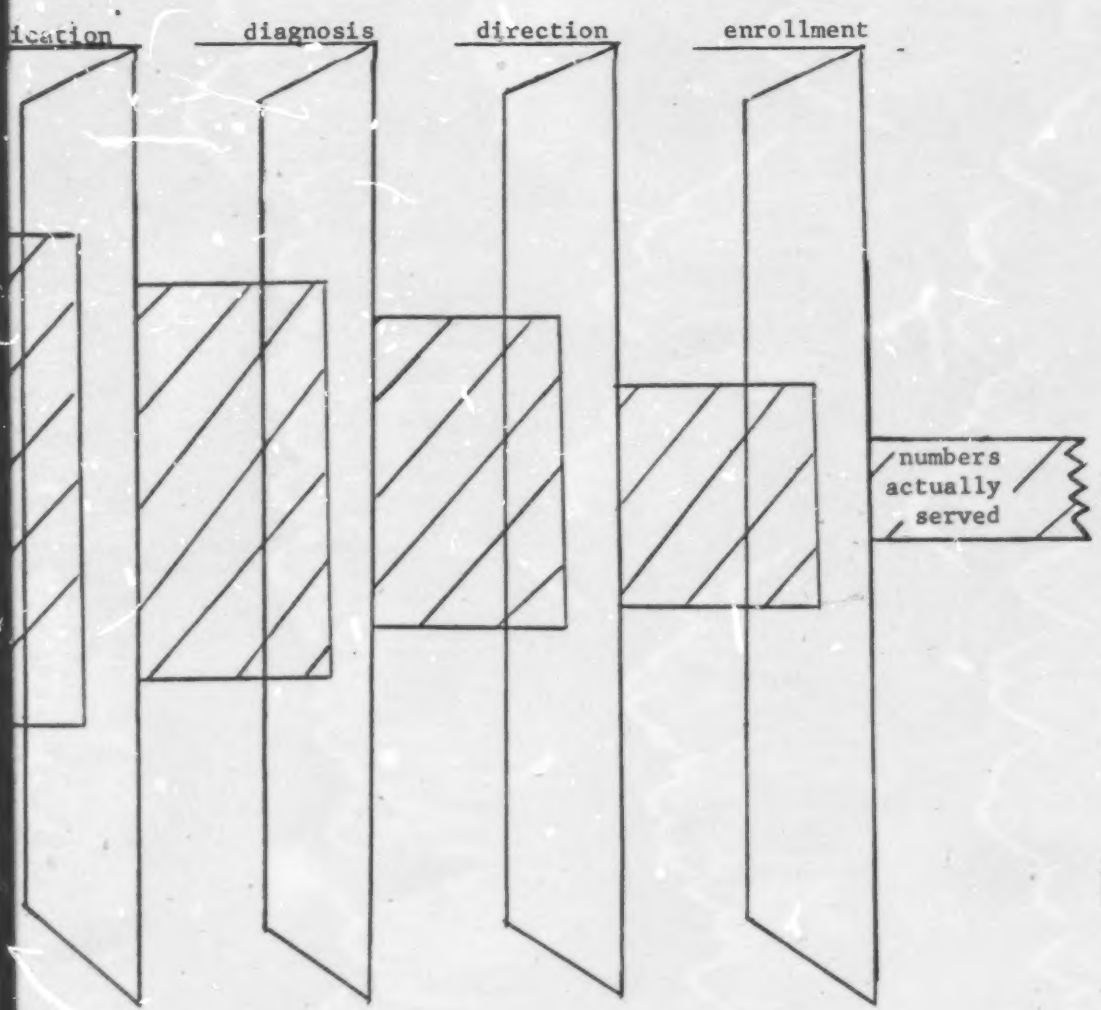


EXHIBIT 1-1

CONCEPTUAL MODEL OF SCREENING OF THE HANDICAPPED



are diagnosed incorrectly. No reliable figures are available to document the incidence of this problem, but every doctor interviewed during the course of this study agreed that erroneous diagnosis is a factor to be reckoned with.

- Direction. Even when children have been correctly diagnosed as having one or another handicap, the doctor does not usually provide the required therapy, nor does he lead the child to services or other sources of help. If he talks of specialists or institutions or organizations, the low-income parent may well be discouraged and overwhelmed. Typically, the doctor cannot or does not follow-up. The needed link between diagnosis and response is missing. What is required is a competent appraisal of what assortment of available therapeutic, social, educational, financial, and other services would be best, given the problems and circumstances of this child, this family. The present maze of agencies, programs, regulations and requirements, with all its duplications and gaps, is truly bewildering to the poor parent, who commonly suspects that the bureaucracy is not really on his side anyway.

- Enrollment. From the client's viewpoint, enrollment is a serious, often frustrating hurdle. Information requirements, eligibility standards (often confusing, and applied with inconsistent interpretations), busy and impersonal administrators

> are discouraging problems for the would-be applicant. But perhaps the most troublesome aspect of enrollment is the time-lag usually encountered between application and receipt of services or benefits. Maryland's Data System for the Handicapped documents this factor with depressing detail: an average time-lag of 500 days before a child with impaired hearing receives services, for example. A time-lag of two or three years is not at all uncommon. Lacking accurate studies, it is too early to evaluate SSI's performance in this regard; all we know is that during the first one hundred and eighty (180) days of the program, one-fifth of the applicants were enrolled (12,000 out of 60,000).

The net effect of these problems is that unknown numbers of handicapped children eligible for SSI benefits are not receiving them. The preceding paragraphs simply try to explain some of the systemic reasons why there are only twelve thousand children enrolled out of sixty thousand applicants out of two hundred thousand eligibles (or is it four hundred thousand?).

1.4 THE PROPOSED DEMONSTRATION PROJECT

This feasibility study examined a project that would address itself primarily to the problems of direction and enrollment, in the context of an intensive public information campaign aimed at that sector of the population which is poor and handicapped and young. On a secondary level, the project

would concern itself with problems of identification in that it would serve to draw attention to the issue of early recognition of signs of handicap. Diagnosis would be a factor to be reported on if it emerges as a significant element in the cases uncovered, but it is not a principal target of the demonstration.

In brief, the proposed project would:

- develop accurate information on SSI as it concerns children, presenting its means and disability requirements and other data in clear, popular form; &
- disseminate this information in a selected State through various channels already linked to low-income families, and families and children known to have various handicaps;
- construct a network of organizations and volunteers to facilitate contact between potentially-eligible children and SSI and to track or study the progress of these cases;
- determine the data to be collected and operate a system for data collection and on-going project supervision;
- analyze the results of this pilot effort and prepare a final report, identifying problems and issues requiring the attention of policy makers and administrators and developing a model alert program for replication elsewhere.

Under these brief statements are subsumed many lesser tasks and activities. This list serves merely to provide an outline of the demonstration project under consideration. Section 3 describes it in detail. Section 2 reports on the principal feasibility issues. All that remains for this Section is to state the outcome expected from the project.

1.5 THE EXPECTED OUTCOME

There are four major results expected from the proposed project:

1.5.1 Increased Enrollment.

It is anticipated that the projected alert effort will result in an increase of a thousand percent or more of the present number of children enrolled in SSI in the demonstration area, with little or no increase in the present ratio of enrollees to applicants: 1 to 5.

1.5.2 A Model Program Design for Alerting SSI-Eligible Children.

The Alert component of the proposed project, with the accompanying evaluation, will result in a model program design suitable for replication in other states. This dimension of the project will stand alone as an effort worth undertaking elsewhere. The study here proposed as essential to the demonstration phase will not be necessary elsewhere. It is expected that the problems and issues identified will be sufficiently validated and that this dimension of the project need not be replicated. D/HEW will have, therefore, a well-tested model for reaching SSI-eligible children throughout the country in a cost-effective manner. This product will include complete plans for the Alert project, samples of all materials

used, the training design, staffing plan, etc. The final package will, in short, provide a streamlined, low-cost model for replication by state, local, or private agencies that may be moved to link poor and handicapped children to the benefits for which they are eligible under the law.

1.5.3. A Report on the Problems and Issues, Strengths and Weaknesses of SSI As It Relates to Children.

By studying the cases generated by the Alert program, NCOCY will be able to identify the more common problems and issues requiring the attention of legislators, policy-makers, and administrators. Such findings and recommendations should help to explain the target population's experience with the program and point to solutions that will facilitate the enrollment of those eligible.

1.5.4. A Report to SSA on Operational and Administrative Matters.

The final report of the project would serve an immediate practical purpose by offering SSA facts and analysis concerning its field operations in the administration of SSI. It is expected that this section of the report would include observations on staff capabilities and attitudes, training, community relations, and so on, plus various recommendations concerning administrative procedures, program materials, effective outreach, etc., to improve SSI efficiency.

SECTION 2

FEASIBILITY ISSUES

In this Section, the major questions of project feasibility are explored. These issues were a central focus of the present study. What is offered here is a distillation of many interviews, meetings, and planning sessions. The issues will be stated and the results of the study presented under four headings: alerting SSI-eligible children; use of volunteers; evaluation; and general summary.

2.1 ALERTING SSI-ELIGIBLE CHILDREN

ISSUE: Is it feasible to reach the target population of handicapped children eighteen years of age or younger (twenty-one years of age if they are in school)?

RESPONSE: Yes. There are three principal means of doing so. First, using organizations, agencies, and programs already serving the handicapped in one way or another; this would include state departments of health and of education, associations of the retarded, blind, and other handicapping conditions, city and county groups, Headstart, Maternal and Child Health, Social Services, Public Health Nurses, the Extension Service, medical societies and institutions (clinics, hospitals, pediatric associations, etc.) and so on.

Second, using organizations already in contact with the poor, such as the Community Action Agencies, Health and Welfare Councils, and other programs serving disadvantaged neighborhoods; service clubs and ethnic groups; churches and church-related service organizations such as Catholic Charities, Lutheran Social Service, Councils of Churches, the Salvation Army, and so on; plus public welfare agencies and programs such as AFDC, Food Stamps, and the like. Previous Alert efforts aimed at adults and the aged indicate that poverty-related organizations were the most productive sources of new leads to eligible handicapped.

Note that in both the first and second categories of organizations and programs, the private agencies are especially eager to be of service to their constituencies; they look on SSI as a new and valuable resource for some of the people they serve. However, such groups need to be better informed on SSI and to be coordinated in a well-designed structure that can take advantage of the particular resources each group has to offer. Typically, they cannot commit funds but they are generous in giving access to volunteers, newsletters, meetings, lists of those served, and so on. Note also that many personnel in social and health services agencies are highly dedicated people whose concern for those they serve goes far beyond their specific duties. Thus, many of these agencies can be enlisted in cooperative Alert efforts in fact as well as in posture or rhetoric.

The third means of reaching the target population with SSI information is the public media -- not only the large newspapers and television stations, but particularly the radio stations with highly specialized audiences, rural, weekly, and neighborhood newspapers, and special interest magazines and journals. Carefully prepared stories, features, announcements, and ads will find many outlets in these consumer-sensitive enterprises.

ISSUE: Is it feasible to conduct such an Alert program without generating large numbers of applications from individuals who turn out to be ineligible?

People who are both poor (or near-poor) and handicapped to any degree suffer enough in life without the frustration of being excited by SSI publicity only to have their applications denied on grounds that seem highly technical or arbitrary. Furthermore, it does not serve the best interests of the public to overload SSA offices with ineligible applications, thus slowing down service to those who are eligible.

RESPONSE: These concerns are completely valid and justified. They must, therefore, be taken seriously into account during the design and implementation of an Alert program. Of course, there will always be borderline cases, and therefore some people will be ruled to be just outside the border as it has been defined by Congress and administrative

policy-makers. Of course, it is equally undesirable for eligible people not to apply, either because they have been discouraged by reports of stringent requirements or because they never heard of the program in the first place. This issue was extensively discussed during the feasibility study and some of the causes of earlier difficulties were identified: the problem of writing informational materials that are clear and understandable on the one hand, and technically accurate on the other;[1] the problem of inadequately trained and overly-zealous volunteers; the problem of the complexity of SSI regulations determining means and handicap eligibility and the consequences of enrollment in regard to AFDC payments, Food Stamps, and so on (this latter being a problem for many well-meaning people in other agencies and programs whose skimpy knowledge of SSI resulted both in discouraging eligibles and encouraging ineligibles to apply).

Nevertheless, NCOCY concludes that it is feasible to construct an Alert program that does not generate an excessive number of ineligible applications.

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[1] See Recipient Reactions to Supplemental Security Income Payment Decision Packet, prepared under contract with the American Public Welfare Association by National Analysts, a division of Booz, Allen, and Hamilton, Inc., Fall, 1973, for the Social Security Administration.

This feasibility is contingent upon certain conditions:

- Carefully written and designed materials (for the public, the volunteers, the cooperating agencies and the media);

- Carefully trained volunteers and volunteer coordinators;

- Close cooperation and communication with the SSA District and Branch offices involved;

- Outreach or Alert activities that focus on the poor who are handicapped (as opposed to broadside efforts among the handicapped in general).

Given these controllable conditions, NCSCY has every confidence in the feasibility of focusing the Alert on SSI-eligible targets.

2.2 USE OF VOLUNTEERS

ISSUE: Is it feasible to recruit and train enough volunteers to cover the dense populations of urban areas and the dispersed populations of rural counties in the demonstration area? Is there enough volunteer manpower to conduct an

outreach effort door-to-door in poverty areas; to escort all potential applicants to and through the system, maintaining complete records of all cases? Can such a volunteer program be operated without significant funds?

RESPONSE: Not entirely. What does seem feasible is:

- An outreach program that does not rely on large numbers of volunteers to work door-to-door, but rather one that is based on more specialized volunteers to contact community groups, church organizations and other means of reaching numbers of people in the target population;
- An escort service of volunteers that assists people who think they may be eligible to apply to do so;
- A detailed study of a large sample of applicants generated by the program (say three hundred cases) and summary statistics on the remainder;
- A project in which volunteer out-of-pocket expenses are paid and which provides a share of the cost of coordinating the local volunteers.

Contrary to some earlier opinions, NCOCY is convinced that an entirely cost-free volunteer program is not possible. However, it is possible to design a program strategy that is highly cost-effective, using volunteers who are recruited, trained, and coordinated by paid personnel, some of whose costs are provided by cooperating agencies and organizations. More detailed information is presented in the following Section entitled Demonstration Project Design. It suffices at this point to report that NCOCY has determined an approach to using volunteers in a program of outreach and study that is entirely feasible and comparatively low cost.

ISSUE: Are there alternatives to the planned use of volunteers that would be more cost-effective?

RESPONSE: No. The two alternatives flanking the course identified by NCOCY are: (1) greater use of volunteers as a primary means of outreach, and (2) a paid staff, through full grants to appropriate local organizations. Both were rejected: the former because it is impractical and unnecessary; the latter because of the high cost. For example, a similar SST-related program in Pennsylvania (one not addressed to children, however) disbursed about $460,000 in sub-grants alone for an Alert averaging eight weeks in duration.

2.3 EVALUATION STUDY OF SSI OPERATIONS

ISSUE: Is it feasible to conduct a study that will produce data that will be reliable and of practical use to legislators, policy-makers and program administrators?

RESPONSE: Yes. By using the same organizational structure and personnel involved in bringing potential eligibles to SSA, the proposed project has convenient and low-cost access to SSI applicants. Close association with them permits an in-depth study of a large sample, thus ensuring reliability and comprehensiveness. Intensive engagement in SSI operations and with its enrollees for a twelve month period would provide ample opportunity to conduct a study that would be sound, specific, and practical. There is every reason to believe that such a study would be helpful to SSA and to its SSI clientele.

2.4 SUMMARY OF FEASIBILITY INQUIRY

During the course of this inquiry, not one of the more than twenty persons interviewed -- every one of them a key official or knowledgeable professional (See Appendix C for partial listing) -- stated that the proposed project was unnecessary or not feasible. There were questions of scope, organization, cost, timing, and so on, but the basic premises of the proposed project went unchallenged. In fact, there was consistent encouragement that it be undertaken because of the clear and apparent need for special outreach efforts to be addressed to children and for accurate data on how well SSI is working.

The only exception to that response came from SSA personnel, who were quite naturally concerned that their District and Branch offices not be inundated with excessive numbers of ineligible applications. Since NCOCY shares that same concern and is committed to avoiding the problem, it would see, that there is less cause for SSA concern than they originally thought.

Of course, the SSA field offices would have a heavy workload problem if only eligible persons--and all of them--were to apply in a short span of time. But the workload problem and the increased disbursement of funds through SSI are arguments that don't impress NCOCY to the point of abandoning interest in enrolling eligible children. The law and the intent of Congress are clear and should not be circumvented by federal employees on grounds of present and anticipated workloads or concern for the expenditure of appropriated funds. If SSA personnel ceilings affect its ability to administer SSI fully and efficiently, that fact should be brought before the Congress for relief. One understands SSA concern for its field office personnel and their huge backlogs of work, but one cannot accept it as sufficient cause for letting vast numbers of eligible children go without this desperately needed aid. However, NCOCY recognizes that the demonstration character of the project under study may call for extra involvement by SSA and therefore accepts the reasonableness of selecting a site where this impact would be tolerable to SSA.

Another serious reservation expressed by SSA personnel relates to the study of SSI operations from the viewpoint of the target population. SSI is a new program; SSA is a large agency. Some think it is too early, too premature to look at how the program is functioning. Here again, some part of SSA's

concern may have originated in the mistaken notion that NCOCY was approaching the study in the role of a militant adversary. On the contrary, the focus of NCOCY's interest is the eligible child. This necessarily interests NCOCY in the delivery systems serving children and in the legislation setting up programs, services and budgets. In a larger sense, this makes NCOCY an advocate for children but it functions as such while striving to be objective, professional, and dispassionate in its relations with government agencies.

If during the course of this project, NCOCY identifies problems for the handicapped (as indeed it expects to), its posture will assume good will on SSA's part and seek to work together to search out solutions and recommendations.

In summary, then, NCOCY discovered nothing during the course of this study that indicates the proposed demonstration should not be undertaken. It is feasible, cost-effective, and badly needed.

SECTION 3

DEMONSTRATION PROJECT DESIGN

Many aspects of the proposed project will depend on the opportunities and circumstances of the State in which it is carried out. In Section 4, following, NCOCY presents its recommendation concerning the demonstration State and the criteria leading to this choice. Here, we shall sketch the principal elements of the project, emphasizing those factors and characteristics which seem essential to its feasibility no matter where it is implemented. Once again, we shall draw on the interviews conducted and the materials collected during the course of the present study.

3.1 PROJECT OVERVIEW

What is envisioned in the proposed demonstration project is a twelve month undertaking in a representative state, employing a small central staff and a network of cooperating, coordinating agencies located at strategic centers throughout the area served. The overlapping phases of the project are:

1. Organization and planning
2. Preparation and training
3. Project operations (outreach, escort service, data collection)
4. Evaluation and final report

The principal tasks and activities to be carried out under these headings are described below. Exhibit 3-1, following, charts these activities against the twelve-month time frame.

PROJECT ACTIVITIES CHART

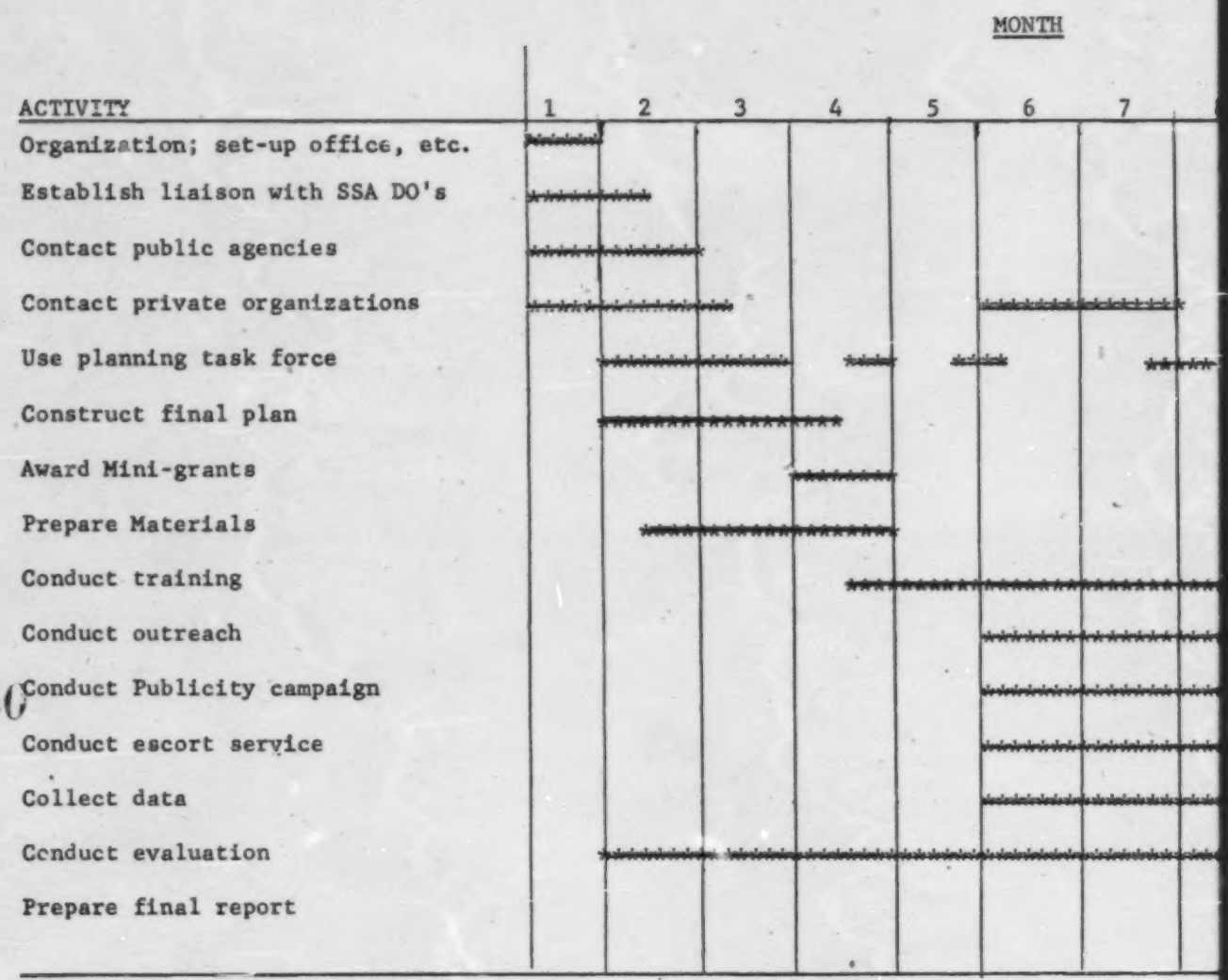
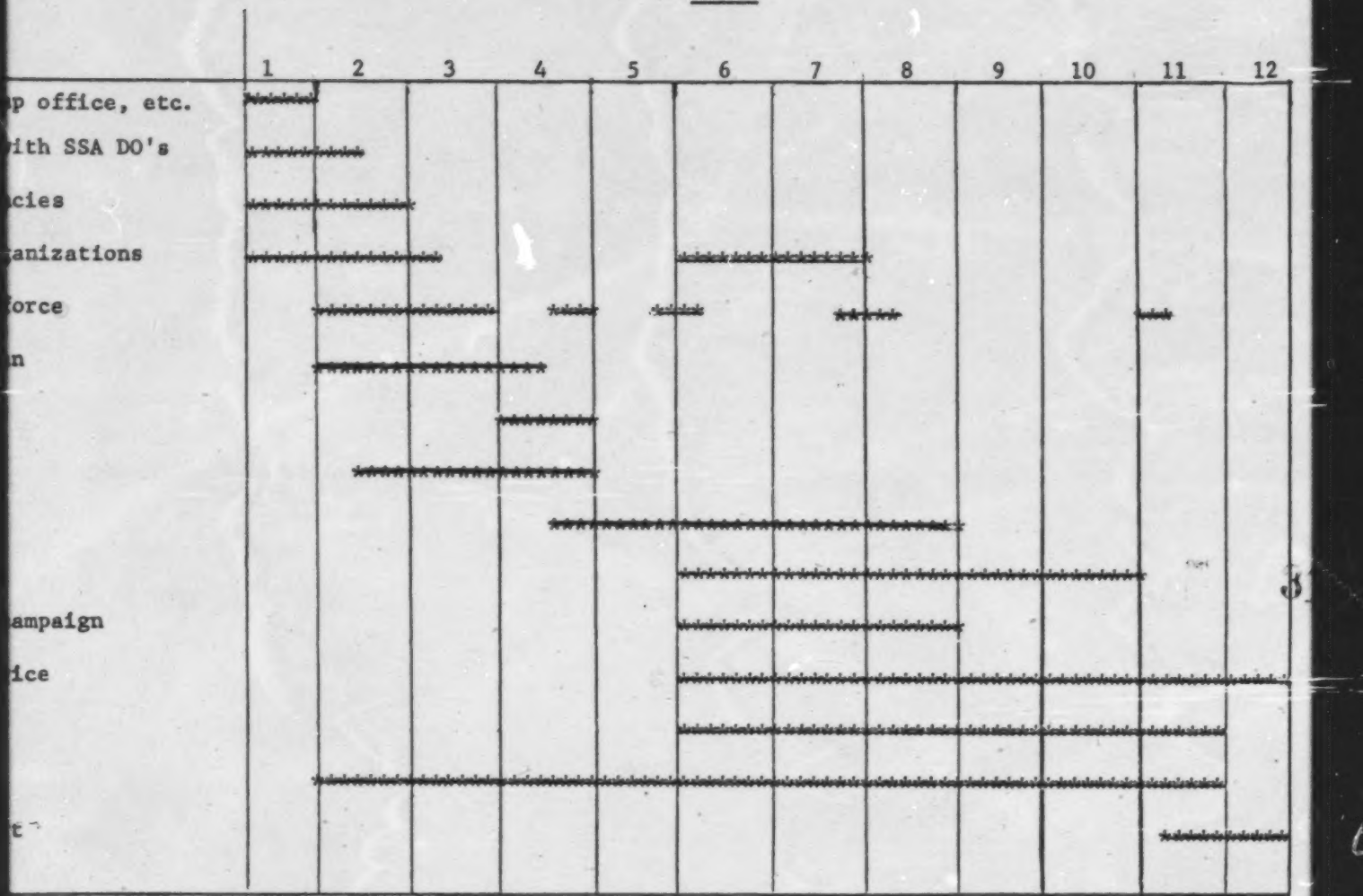


Exhibit 3-1

PROJECT ACTIVITIES CHART



3.2 ORGANIZATION AND PLANNING

The first phase of the project embraces a number of critically important and time-consuming activities. It is anticipated that three months will be required to execute these tasks and construct the sound base necessary if the project is to succeed.

3.2.1 Establish liaison with SSA District Offices.

This task refers to all the necessary contact, communication, and coordination with SSA in the selected state. Working with the appropriate key SSA officials, the project director will arrange the procedures for communication and cooperation, assistance in training volunteers, accurate information for the required printed matter, advice and counsel as needed, etc. One of the earliest and most important decisions will be the appointment of an SSA representative to serve on the Central Planning Task Force that will be set up (see below). By its membership on this body, SSA will play an active decision-making role in the implementation of the project and be kept fully informed of all that is going on. This representative will also serve as the chief contact through whom the project arranges for SSA support.

3.2.2 Contact public agencies.

The project is dependent upon the active cooperation and participation of the principal agencies concerned with youth, health, and the handicapped.

It will be the task of the project director to negotiate this involvement and structure the specific contributions of each agency. The list of target agencies and programs would include:

Department of Education

Department of Health (including Mental Health, Mental Retardation, Maternal and Child Health, Public Health Nurses, Diagnostic Clinics, etc.)

Social Services

Employment Security

Programs for the blind, deaf, and handicapped

Juvenile Services

Other public and quasi-public agencies can (and often do) assist in special projects such as this as means of better serving their constituencies. These would include:

Extension Service

State OEO

Retired Senior Volunteers Program

VISTA

Headstart

Office for the Aging

Office for Volunteerism

With the advice and counsel of key persons from these two groups of agencies, the project director can identify principal "sponsoring" agencies, participating agencies, task force membership, other leads and resources.

Note that it is essential that at least one major State agency agree to serve as the lead agency in the project. NCOCY's inquiries during the feasibility study established that such a response would very likely be forthcoming in almost any state.

From these processes and contacts would be derived an extensive assortment of resources that would need to be organized, structured, and coordinated according to an overall plan on the state level. A similar process will take place on the local or regional level.

3.2.3 Contact private organizations.

There are at least five categories of private sector organizations to which this project can turn for assistance of one kind another. They are:

- Medical groups: associations of practicing specialists in pediatrics, psychotherapy, orthopedics, opthalmology, otology, etc.; those who administer clinic, diagnostic centers, rehabilitation programs, and so on.

- Associations for the Handicapped: e.g. Society for the Blind, Associations for Retarded Citizens, National Foundation-March of Dimes, Crippled Children, Speech and Hearing, Autistic Children, etc.

- Community groups: Community Action Agencies, citizen and neighborhood organizations, tenant groups, farm societies, civic and service clubs, veterans' groups, Four C's, and the like.

- Church organizations: official agencies and programs of social service, ministries to the poor, the young, the disabled, etc.; local church and temple groups active in civic and social programs.

- Other related groups: local chapters of NCOCY affiliates, such as the AFL-CIO, Department of Community Services, American Federation of Teachers, Volunteers of America, National Association of Social Workers, National Council of Jewish Women, National Council of Negro Women, YMCA's, the Salvation Army, and so on. (See Appendix D for a complete listing of NCOCY members).

Imagination and efficiency in planning and management are probably the only significant limitations on the use of the public and private resources suggested above. And the list is by no means complete. NCOCY's experience and its research during this feasibility study enable it to state without hesitation that a competent, creative project director can orchestrate such resources into a master plan that will work and that will serve as model in other states.

The two principal functions of such cooperating groups are outreach and providing volunteers. Many groups will be able to cooperate only in outreach, communicating to their memberships and constituencies basic information on SSI and on the proposed Alert, advertising among the target population the existence of SSI benefits, the eligibility requirements, and the source of local information and assistance. Other groups will be able to do the same, plus provide volunteer workers.

3.2.4 Central Planning Task Force.

A project such as the one proposed here cannot be masterminded by a single agency in isolation. It calls for a coalition to be constructed for this temporary special purpose. The principal participating agencies and organizations must be involved in the planning and decision-making. Thus, NCOCY proposes that a Central Planning Task Force be assembled so that the project will have the benefit of the combined resources, expertise, and leadership of the groups concerned.

The major tasks of this task force include the identification of resources, the development of the final operational plan, the selection of local or regional coordinating agencies, and on-going review, guidance, and coordination.

Membership on the task force will not be nominal -- for the sake of prestige, image, or "politics" -- rather it it conceived as a working group of representatives of the leading groups involved in the project. A body of perhaps ten or fifteen key people is envisioned.

3.2.5 The final operational plan.

Based on the realities of the state selected, the project design sketched here will be refined into a detailed operational plan. The plan will assign areas of responsibility, the schedule, procedures to be followed, volunteer training plan and schedule, outreach strategy, publicity plans, escort system operations, data collection instruments and guidelines, a model local/regional plan of operations, etc.

All members of the task force, appropriate State agencies, and the local or regional coordinating groups should have the complete final plan. An informational summary will be prepared for wider dissemination among cooperating organizations and Agencies.

Exhibit 3-2, following, presents an organizational model of the proposed project. Briefly, the structure consists of a project staff in close liaison with a host state agency, having liaison with other state-level organizations in the public and private sectors and the Planning Task Force described above, plus an appropriate number of local or regional coordinating offices, each with its own Task Force and liaison functions. It is through the regional offices that the local outreach, volunteer, and escort activities are carried out. The local or regional offices are existing organizations ready, willing, and able to supervise operations in their areas with a minimum of financial assistance.

The final form of this structure and the selection of regional coordinating agencies are decisions to be made during the planning and organizational phase.

3.3 PREPARATION AND TRAINING

Between the planning and organizational phase and the operations phase there must be a period of preparation and training. It consists of three activities: awarding mini-grants to the sub-state coordinating agencies, preparing and printing the necessary materials, and conducting the various training programs required.

CONCEPTUAL ORGANIZATIONAL MODEL

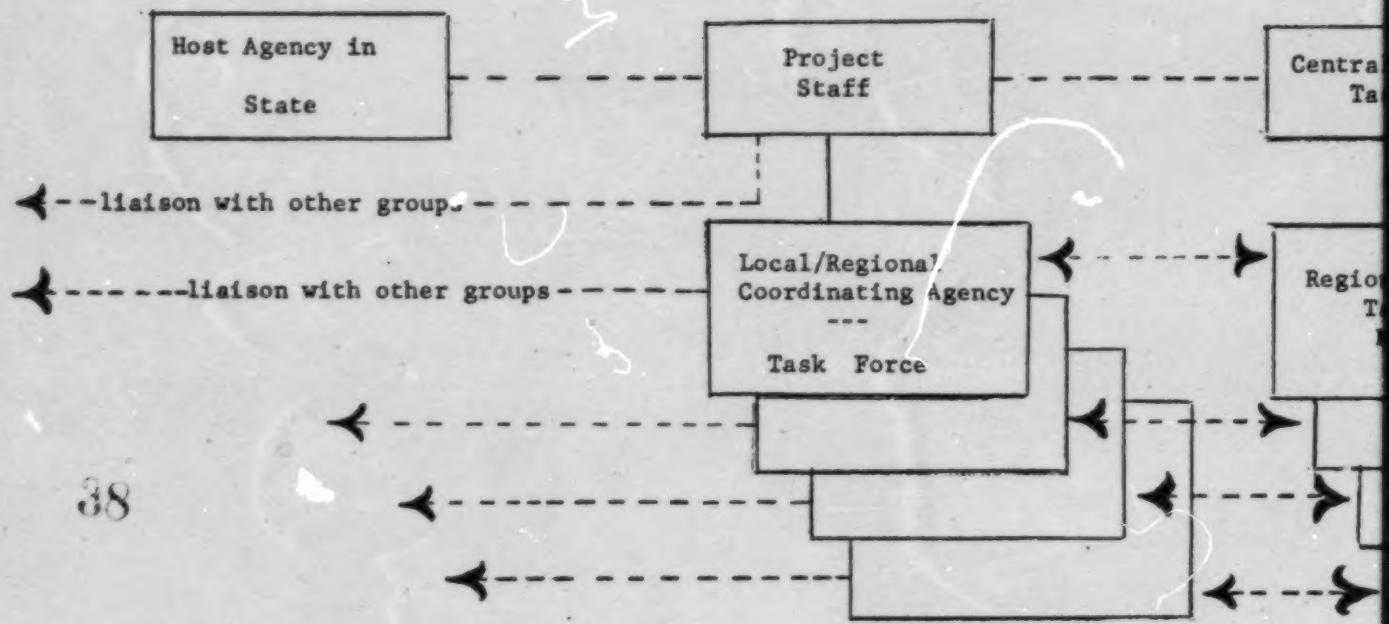
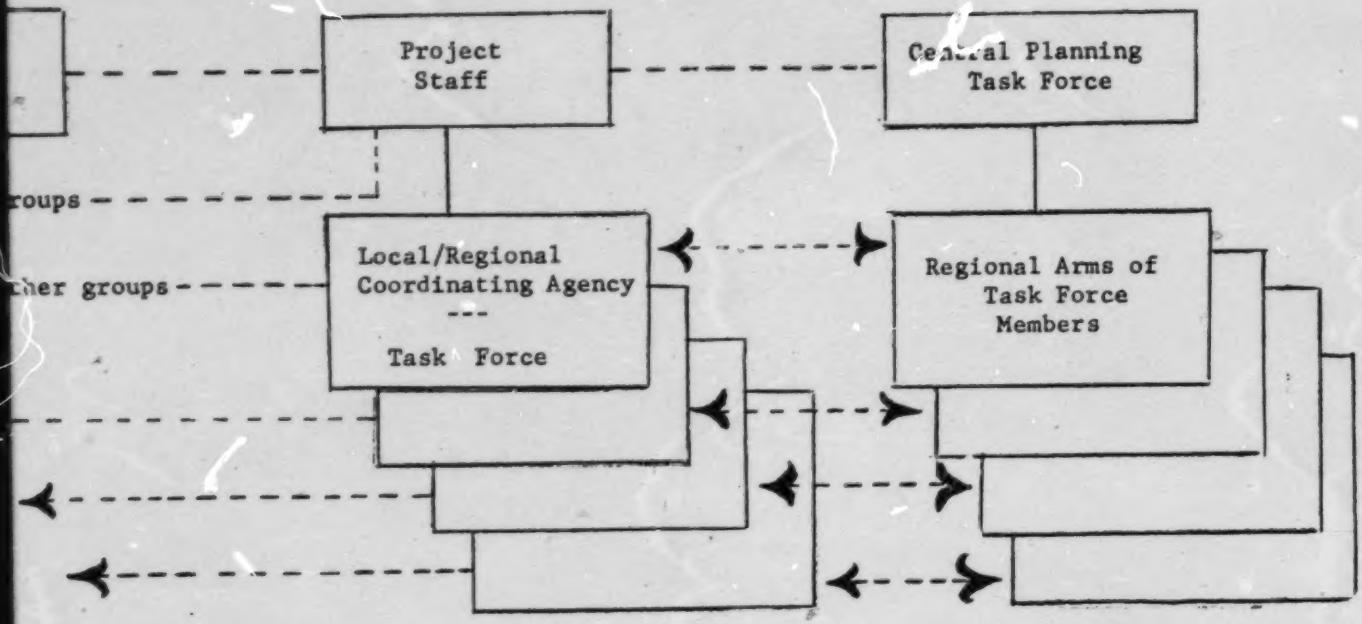


Exhibit 3-2

CONCEPTUAL ORGANIZATIONAL MODEL



3.3.1 Awarding mini-grants.

During the feasibility study it was determined that modest grants are necessary simply because local agencies or organizations cannot provide the manpower needed to execute the staff duties. These duties include:

- Conducting local/regional outreach to appropriate organizations
- Assisting in the erection of a local/regional Task Force and maintaining contact with it
- Recruiting volunteers
- Receiving inquiries from potential applicants, assigning and supervising volunteers
- Overseeing data collection
- Distributing printed materials
- Promoting use of publicity materials and Speakers' Bureau

It is estimated that these activities will occupy fifty to seventy-five percent of one person's time during an eight month period, with some variation dictated by the area and population served.

In addition, out-of-pocket expenses for the volunteers have proven to be necessary in similar programs, chiefly for transporting applicants to SSA District Offices.

Selection of the grant recipients will be made by the Project Director and the Central Planning Task Force, which will also assist in determining the amount of the award, based on each situation and the funds available.

3.3.2 Preparation of materials.

Beyond plans and other internal materials required, the project calls for four types of materials to be developed: information on SSI for public distribution; information and instructions for volunteers; data collection instruments; publicity materials.

3.3.2.1. SSI information relating to handicapped children must be carefully written and designed. It is suggested that this should be done in close cooperation with SSA's Public Affairs Office and that SSA should publish this material as an official publication.

3.3.2.2 More detailed information on SSI needs to be prepared for the volunteers and those manning the local/regional centers. Other instructions and guidelines for the volunteers will be needed to ensure they are as knowledgeable and skilled as possible. Here also, SSA's assistance will be essential.

3.3.2.3 Data collection instruments must be designed and instructions prepared.

3.3.2.4 Publicity materials, news releases, spot announcements, feature stories, announcements, and the like are important aids to the project. SSA's Public Affairs Office could contribute invaluable assistance in such matters.

3.3.3 Training

Key personnel in the local/regional coordinating centers will need intensive training in all aspects of the project. All volunteers will need training, which should be delivered at locations throughout the state during the weeks immediately preceding the operational phase.

On a lesser scale than training, other gatherings, briefings, and the like should be held for representatives of public and private agencies on the State and local levels. This is an important early step pointing toward the recruitment of volunteers and the soliciting of cooperation in outreach.

SSA involvement (whether headquarters or state level) is necessary in this activities for obvious reasons. This can be arranged in a way that avoids burdening a few already-overworked spokesmen.

3.4 PROJECT OPERATIONS

The two preceding phases will be completed in five month's time. The operational phase can be launched at the beginning of the sixth month. It calls for simultaneous efforts in publicity and outreach, with the capacity for volunteer escort service and data collection in place and ready to function as potential applicants respond.

3.4.1 Outreach Program

This facet of project operations is carried out on both the state and local/regional levels. Note that outreach is not a matter of sending volunteers door to door, although this may happen in certain neighborhoods on a test basis; it is primarily a matter of outreach through institutions and organizations.

- On the state level, outreach means the use of the resources, mailing lists, contacts, and personnel of the public and private agencies whose cooperation was arranged in phase one.

- On the local/regional level, outreach means comprehensive efforts to win the active cooperation of every conceivable organizational resource in the area served. Early volunteers, previously recruited, will be used for this period, during which additional volunteers will be recruited and trained for escort service and data collection. In this manner, the level of effort directed to the target population will be many times greater than could be achieved by volunteers working directly in the community. And those persons in local organizations who are particularly attracted to the project can sign up as volunteers.

This design is much more feasible, comprehensive, and cost-effective than building a new roster of volunteers especially for this purpose. People already committed to service through one organization or another will donate time and effort for the sake of that organization as well as for the sake of this project. This double motivation, as it were, is better than trying to gather an entirely new cadre of workers.

A special feature of the outreach program will be the use of a central telephone information center. Special lines for this purpose can be set up. The brochures or leaflets will direct interested persons to contact this Center. This service will provide basic information and direct inquirers to a local/regional center for personal attention and assistance.

3.4.2 The publicity campaign

Persons experienced in community efforts such as this insist that a publicity campaign is an essential support activity. It provides identification, on reinforcement for mailings, meetings, and personal contacts. Stories and radio-TV announcements can emphasize the fact of eligibility requirements and direct people who believe they may be eligible to call the central information number for more details.

Small town papers, suburban weeklies, rural and special market radio stations are prime targets for this sort of campaign and they are usually cooperative.

It is projected that a media campaign will be conducted for the first three months of the outreach effort. It is expected that the project itself will attract media attention and be the subject of news and feature stories at almost any point during the project year.

3.4.3 The escort service.

This dimension of the proposed project was considered by most of those interviewed to be both a good idea and a necessary service. It refers to the provision of personal assistance to potential applicants, offering basic information, helping them to apply if they think they meet eligibility requirements, transporting them if necessary, and otherwise serving as an interested friend and source of aid.

This relationship will facilitate data collection for the purposes of the project's study of SSI operations. In these cases (and in all others where the applicant requests it), the volunteer remains in touch with the applicant throughout the process until enrollment and receipt of benefits.

3.4.4 Data collection.

As mentioned earlier, no attempt will be made to collect data on all applicants during the demonstration. Basic statistics will be kept on the entire project but more detailed information will be gathered only on a sample of three hundred, apportioned to the various local/regional centers. This rather large sample will be more than sufficient to track the operation of the system, identifying its strengths and weaknesses as well as the problems and issues from the viewpoint of the target population.

Case records will begin with the date of contact, using instruments that eliminate as much as possible the incidence of volunteer error, while also protecting the privacy of the applicants.

Monthly data on the projected will be gathered by the central office but the case reports will be submitted only upon closure or at the conclusion of the project, whichever comes first.

3.5 EVALUATION AND FINAL REPORT

The purpose of the proposed evaluation is to provide a third-party appraisal of project operations, particularly the outreach and escort service (and the preceding efforts of planning, organization and training). These components of the project are intended for replication elsewhere and therefore merit external evaluation. This contract will be let as early as possible in the project, preferably by the end of the first month. A ten-month evaluation would then produce a report in time for consideration in the final report of the project itself.

A major product of the demonstration will be its final report, which will include a complete account of the project and all its phases, overall results and statistics, comments on its replicability and possible variations, and an analysis of the data collection with problems and issues identified and recommendations for consideration by SSA, D/HEW, and perhaps the Congress and others.

3.6 MISCELLANEOUS NOTES

Let it be emphasized that the proposed project is a combination demonstration-research study project and that only the alert and escort service are intended for possible replication elsewhere. In this reduced form, the outreach program could be mounted and completed within a six to eight month time frame. This would result in reduced costs and expedited enrollments.

Note also that this design is flexible in almost every respect, thereby ensuring that it will be responsive to the situation in the demonstration state and to the inputs of the people actually involved in planning and operating the project.

Thus far NCOCY has established the need for such a project, reported that it is feasible, and outlined its main features. Next we shall report on the matter of site selection.

SECTION 4

THE DEMONSTRATION SITE

During the course of this study, NCOCY examined many possible criteria for the selection of the demonstration site. These approaches were based on the identification of a State whose characteristics would be representative of the variety of circumstances in which the demonstration might be replicated (such as its urban-rural population distribution).

4.1 CHANGE FACTORS

Two factors, however, led to the conclusion that this aspect of the study should proceed no further, that it was neither appropriate nor necessary. These were:

- the cost of a statewide project, fully funded, would be far greater than originally estimated;

- the Social Security Administration would find it difficult to cooperate with the project anywhere that its District and Branch offices are presently overburdened by a heavy backlog of work.

4.2 CRITERIA

In view of these considerations the criteria selected as valid and realistic were:

- a large metropolitan area that includes a substantial population of minority persons;
- one or two rural areas, perhaps of county-size, which would provide rural and small town experience;
- a locality where the project would not burden SSA;
- a locality where an assessment of the attitudes and resources of public and private agencies, including NCOCY affiliates, indicates the necessary cooperation would be forthcoming.

4.3 RECOMMENDATION

An inquiry by SSA revealed that Atlanta, Georgia would be a more acceptable locale than other sites, such as those considered in the first draft of this study. NCOCY's review indicates that the other criteria for a sound demonstration project can be met in Atlanta and the surrounding area. Therefore, NCOCY is pleased to recommend that the demonstration be carried out in Atlanta and in one or two other nearby jurisdictions to be determined as part of the initial project operations.

SECTION 5

STAFF AND BUDGETARY CONSIDERATIONS

In its proposal of this feasibility study, NCOCY listed among the principal activities the preparation of staff and budgetary requirements of the project as finally designed. This Section is the result of this phase of the study. The estimated costs are higher than the original figures suggested, but substantially lower than similar projects. NCOCY believes the suggested budget to be conservative and invites consideration of the following rationale.

5.1 PERSONNEL COSTS

A minimum project staff is recommended: a project director and assistant director, secretarial support, and a percentage of executive supervision costs of the sponsoring organization, plus fringe benefits. Total $60,000.

Note that this staff will be located in the demonstration state and that it will be responsible for the planning and organizational work, preparation of materials, design and delivery of training (and other meetings and conferences), the telephone service, supervision and coordination of operations, data collection, and the final report.

5.2. VOLUNTEER COORDINATION AND EXPENSES

NCOCY estimates the need for mini-grants to three local/regional centers, averaging $12,000 each. Total $36,000.

This amount would cover staff costs for an eight month period, operational expenses, and out-of-pocket volunteer costs. Obviously, the Atlanta Center will require a higher budget than, say a rural county. It is fully anticipated that the actual budgets will be higher and that some costs will be absorbed or contributed locally.

5.3 OTHER COSTS

Printing — $2,000

Includes training materials, data collection instruments, publicity and promotion, etc. (but not basic flyer on SSI).

Travel — $3,500

Staff travel locally, plus travel between Washington, D.C. and Atlanta

Training — $1,500

Conference and meeting sites; travel costs for those who need it; related costs.

5.3 OTHER COSTS (continued)

Postage and Mailings	$ 3,000
Use of mailing lists not provided free; computer time; postage; stuffing costs, etc. (Allowance made for contributed services, materials, and costs).	
Consultant Specialists	$ 4,000
Occasional expert services in instrument design, language levels for public materials, other highly specialized needs.	
External Evaluation	$10,000
Ten-month evaluation of project effectiveness.	
Telephone	$ 6,000
Basic service, plus special service for incoming inquiries	
General and Administrative Costs	$24,000
Computed at 40% of personnel costs, includes space, consumable supplies, furniture and equipment, bookkeeping, and miscellaneous expenses.	
TOTAL OTHER COSTS.....	$68,500

5.4 TOTAL COSTS

The estimated total cost of the program as recommended:

Personnel	$ 60,000
Volunteer Coordination and Expenses	36,000
Other Costs	54,000
TOTAL COSTS	$150,000

NATIONAL COUNCIL OF ORGANIZATIONS FOR CHILDREN AND YOUTH
1910 K Street, N.W., Room 404
Washington, D.C. 20006

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(Professor of Education and Psychiatry, Faculty of Medicine and Graduate School of Education, Harvard University)

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Mr. Dick Warden, United Auto Workers
Rev. Chenoweth Watson, United Church of Christ, Div. of Health & Welfare

APPENDIX B

EXTRACT OF THE MINUTES

NCOCY EXECUTIVE COMMITTEE MEETING
July 15, 1974

Resolved that, whereas the Supplemental Security Income Program provides important and necessary benefits to handicapped children in poor circumstances, and that great numbers of eligible children have not yet been enrolled, and that the proposed demonstration project being studied by NCOCY under a grant from the Office of Child Development seems to this Executive Committee to be sound and worthwhile and proper to the purposes of this organization, that therefore this project be approved for action by NCOCY and the staff be hereby authorized to pursue its development and to apply for and, if awarded, accept a grant for this purpose from the Department of Health, Education and Welfare.

APPENDIX C

PARTIAL LIST OF PERSONS INTERVIEWED OR ENGAGED IN MEETINGS CONCERNING THIS PROJECT

Dr. Marvin Cornblath
Professor and Chairman - Department of Pediatrics - University Of Maryland, School of Medicine

---

Dr. Harry Clemens, Director
Diagnostic Clinic for Handicapped Children
University of Maryland Hospital
Baltimore, Maryland

Dr. Ted Muellens
Assistant Superintendent
Maryland State Department of Education

Mr. Stan Mopsie
Special Education
Maryland Department of Education

Ms. Sherry Heimstra
Administration on Aging
D/HEW

Dr. Edwin Martin
Deputy Commissioner
Bureau of Education for the Handicapped
U.S. Office of Education

Mr. Melvin Ladson, Special Projects Officer
Bureau of Education for the Handicapped
U. S. Office of Education

Mr. James Booth, Vice President
Capital Systems
Rockville, Maryland

Mr. Willian Creager, President
Capital Systems
Rockville, Maryland

Mr. Louis Basinger, Assoc. Project Director
Capital Systems
Rockville, Maryland

Mr. Paul Dodge
Council for Exceptional Children
Washington, D.C.

Dr. Erwin Friedman
Director
National Children's Center
Washington, D.C.

General John F. McMahon
Commander-in-Chief
Volunteers of America
New York, New York

Dr. Cynthia Wedel, Associate Director
Center for a Voluntary Society and,
National Chairman of Volunteers
American Red Cross

Ms. Pamela Coughlin
Director of Special Projects
Headstart

Mr. Harry Overs, Assistant Bureau Director
Bureau of District Office Operations
Social Security Administration

Mr. Otis Childers
Section Chief, SSI Staff
Social Security Administration

Mr. Earle Saunier
Social Security Administration

Mr. Andrew Ciulla, Acting Assistant Bureau Director
Social Security Administration

Mr. Paul Schuette
Editorial Staff Chief
Social Security Administration

Mr. Raymond Bonin, SSI Branch Chief
Social Security Administration

Eleanor Bader, Services Coordination
Evaluation and Planning Officer
Social Security Administration

John Hoyas, Services Coordination
Social Security Administration

Chuck Russell, Special Projects Officer
Office of Assistant Commissioner, Field
Social Security Administration

Jay L. Roney, Director
Community Planning Staff
Office of Assistant Commissioner, Field
Social Security Administration

Ruth White, Community Planning Staff
Office of Assistant Commissioner, Field
Social Security Administration

Mr. John McManus, Assistant Director
Department of Community Services
AFL-CIO

Ms. Carol O'Shaughnessy
Evaluation and Planning
Medical Services Administration

Mr. Walter Babington, Director
Office for the Handicapped
Department of HEW

Mr. Tom Joe, Vice President
Seneca Corporation
Washington, D.C.

Mr. Richard Bjurberg, Administrator
Volunteer Personnel and Programs
American National Red Cross
Washington, D.C.

Mr. Clyde E. Shorey, Jr.
Assistant to the President
National Foundation - March of Dimes

MEMBER ORGANIZATIONS OF NCOCY
as of May 1, 1974

AFL-CIO, Amer. Federation of State, County & Municipal Employees
AFL-CIO, Department of Community Services
AFL-CIO, Department of Social Security
Allergy Foundation of America
Altrusa International, Inc.
Amalgamated Clothing Workers of America
American Academy of Pediatrics
American Association for Gifted Children
American Association for Health, Physical Education & Recreation
American Association of Elementary-Kindergarten-Nursery Educators
American Association of Ophthalmology
American Association of Orthodontists
American Association of Sex Educators & Counselors
American Association of University Women
American Camping Association
American Child Guidance Foundation
American College of Osteopathic Surgeons
American Council for the Arts in Education
American Dietetic Association
American Federation of Teachers
American Foundation for the Blind
American Freedom from Hunger Foundation

American Home Economics Association
American Institute of Family Relations
American Legion
American Library Association
American Lutheran Church - Division of Social Service
American Lutheran Church - Division of Youth Activity
American Medical Association
American National Red Cross
American Nurses' Association
American Occupational Therapy Association, Inc.
American Optometric Association
American Orthopsychiatric Association
American Parents Committee
American Podiatry Association
American Psychological Association
American School Counselor Association
American Society for Adolescent Psychiatry
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Association of Jewish Center Workers
Association of Medical School Pediatric Department Chairmen
Assn. of State & Terr. Maternal & Child Health & Crippled Children Directors
Association on American Indian Affairs

Black Child Development Institute
B'nai B'rith Women
B'nai B'rith Youth Organization
Boys Clubs of America
Boy Scouts of America

California Children's Lobby
California Assn. for Maternal & Child Health
Camp Fire Girls
Child Development Associate Consortium
Children's Book Council
Children's Foundation
Child Study Association of America/Wel-met, Inc.
Child Study Association of Maryland
Child Welfare League of America
Church of God - Board of Christian Education
Church Women United
Citizens' Committee for Children of New York
College of Optometrists in Vision Development
Council of Jewish Federations and Welfare Funds
Council on Social Work Education
Cook County Office of Economic Opportunity, Inc.

Day care and Child Development Council of America, Inc.
Daughters of Isabella
Day Care Council of Nassau County
Day Care Crisis Council of Chicago
Day Care Council of New York City

Engineers' Council for Professional Development
Encampment for Citizenship
Episcopal Church, Executive Council
EVAN-G
Epilepsy Foundation of America

Family Service Association of America

General Conference of Seventh Day Adventists
Girls Clubs of America
Girl Scouts of the United States of America
Group Health Association of America

Hadassah
The Home and School Institute
Human Rights Organization of Arizona, Inc.

Institute of Life Insurance
Institutes for Religion and Health
Iota Phi Lambda Sorority, Inc.

Judicial Conference of the State of New York

Kiwanis International

La Causa Comun
Lambda Kappa Mu Sorority, Inc.
Lutheran Church - Missouri Synod
Lutheran Council in the U.S.A.

Maryland Committee for Day Care of Children
Maternity Center Association
Mental Health Film Board
Mental Health Materials Center, Inc.
Metropolitan Area 4C Council
Minnesota Children's Lobby

National Association for the Education of Young Children
National Association for Gifted Children
National Association for Retarded Citizens
National Association of Hebrew Day School PTA's
National Association of School Psychologists
National Association of Social Workers
National Association of Training Schools & Juvenile Agencies
National Association for Women Deans, Administrators & Counselors
National Catholic Bandmasters' Association
National Catholic Educational Association
NICHD (National 4-C's)
National Child Day Care Association
National Committee on the Education of Migrant
National Committee on Employment of Youth
National Conference of Catholic Charities
National Conference of Christians and Jews
National Consumers League
National Council for Homemaker - Home Health Aide Services, Inc.
National Council of Churches of Christ in the U.S.A.
National Council of Jewish Women
National Council of Negro Women
National Council of State Committees for Children and Youth
National Council on Crime and Delinquency
National Dairy Council
National District Attorneys Association
National Easter Seal Society for Crippled Children & Adults
National Educational Association
National Extension Homemakers Council
National Farmers Union
National Chicano Social Planning Council, Inc.

National Board of YMCA's
National Board of YWCA in the U.S.A.
National Foundation - March of Dimes
National Foundation for Gifted & Creative Children
National Jewish Welfare Board
National Medical Association
National Recreation and Park Association
National School Boards Association
National Society for Autistic Children
National Urban League
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New York State Division for Youth

Orton Society

Parent Cooperative Preschools International
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South Oaks Hospital
School Days, Inc.

Teen-age Assembly of America

United Auto Workers
United Church of Christ - Board for Homeland Ministries - Div. of Church Development
United Church of Christ - Board for Homeland Ministries - Div. of Health & Welfare
United Methodist Church - Board of Church and Society
United Methodist Church - Board of Discipleship
United Methodist Church - Board of Discipleship - Division of Education
United Neighborhood Houses of New York, Inc.
United Presbyterian Church, U.S.A.
United States National Student Association
United States Youth Council
United Synagogue of America - Commission on Jewish Education
United Synagogue of America - Department of Youth Activities
United Farm Workers - AFL-CIO
United Methodist Church - Board of Global Ministries

Volunteers of America

Women's Auxiliary to the American Medical Association
Women's International League for Peace and Freedom - U.S. Section
Women's Lobby, Inc.

Young Adults of San Francisco, Inc.

ADDITIONS MADE AFTER JULY 1, 1974

City of Chicago, Mayor's Office of Child Care Services
Joseph P. Kennedy Jr. Foundation
Travelers Aid-International Social Services of America